



Attorney Docket No. 0756-7188

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Tatsuya ARAO et al.

Serial No. 10/649,667

Filed: August 28, 2003

For: SEMICONDUCTOR DEVICE AND  
METHOD OF MANUFACTURING  
THE SEMICONDUCTOR DEVICE

) Group Art Unit: 2815

) Examiner: E. Wojciechowicz

) CERTIFICATE OF MAILING

) I hereby certify that this correspondence is  
) being deposited with the United States Postal  
) Service with sufficient postage as First Class  
) Mail in an envelope addressed to:  
) Commissioner for Patents, P.O. Box 1450,  
) Alexandria, VA 22313-1450, on June 23,  
) 2006.

*Adeline M. Stump*

RESPONSE

Honorable Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The Official Action mailed March 23, 2006, has been received and its contents carefully noted. This response is filed within three months of the mailing date of the Official Action and therefore is believed to be timely without extension of time. Accordingly, the Applicant respectfully submits that this response is being timely filed.

The Applicant notes with appreciation the consideration of the Information Disclosure Statement filed on August 28, 2003.

A further Information Disclosure Statement is submitted herewith and consideration of this Information Disclosure Statement is respectfully requested.


Claims 1-17, 19-23, 25-27 and 29-32 are pending in the present application, of which claims 1, 6, 11, 14, 20 and 26 are independent. For the reasons set forth in detail below, all claims are believed to be in condition for allowance. Favorable reconsideration is requested.

The Official Action rejects claims 1-17, 19-23, 25-27 and 29-32 under the doctrine of obviousness-type double patenting over claims 1-18 of U.S. Patent No. 6,639,265 to Arao.

In response to this rejection, a *Terminal Disclaimer* is submitted herewith. Upon filing of this *Terminal Disclaimer*, the claims of the present invention are now believed to be in condition for allowance. Reconsideration and withdrawal of the obviousness-type double patenting rejections are requested.

Should the Examiner believe that anything further would be desirable to place this application in better condition for allowance, the Examiner is invited to contact the undersigned at the telephone number listed below.

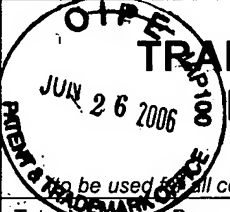
Respectfully submitted,

  
Eric J. Robinson  
Reg. No. 38,285


Robinson Intellectual Property Law Office, P.C.  
PMB 955  
21010 Southbank Street  
Potomac Falls, Virginia 20165  
(571) 434-6789

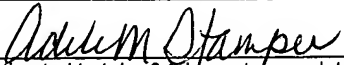
STW  
\$

PTO/SB/21 (08-00)

|  |                        |                     |
|--|------------------------|---------------------|
|  <p><b>TRANSMITTAL FORM</b></p> <p><i>to be used for all correspondence after initial filing)</i></p> | Application Number     | 10/649,667          |
|  | Filing Date            | August 28, 2003     |
|  | First Named Inventor   | Tatsuya ARAO et al. |
|  | Group Art Unit         | 2815                |
|  | Examiner Name          | E. Wojciechowicz    |
| Total Number of Pages in This Submission   | Attorney Docket Number | 0756-7188           |

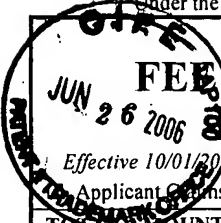
| ENCLOSURES (check all that apply)  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosures<br>1.<br>2.<br>3.<br>4.<br>5.<br>6. |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | Eric J. Robinson, Reg. No. 38,285<br>Robinson Intellectual Property Law Office, P.C.<br>PMB 955<br>21010 Southbank Street<br>Potomac Falls, VA 20165 |
| Signature                                  |   |
| Date                                       | June 23, 2006  |

| CERTIFICATE OF MAILING  |   |      |               |
|---|---|------|---------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below. |   |      |               |
| Type or printed name  | Adele M. Stamper  |      |               |
| Signature   |  | Date | June 23, 2006 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| FEE TRANSMITTAL FOR FY 2005   |                       | Complete if Known   |                       |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
|---|-----------------------|---|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------|----------|------|-----|--------------------|----|-------------------------------------|-----|------|-----|------------|----|--|-----|------|-----|-----------------|-----|--|--|------|-------|------|-------|--|--|------|------|------|------|--|--------------|----------------|----------|---------|--------|---|---|---------------------------|-----|-------|----|--|--|------|-----|-----------------------|-----------------------|---|-----------------------|-----------------|----------|------|-----|--|----|------------------------|-------|------|-----|---|-----|-----------------------------------|-------|------|------|--|-----|---------------------------------------|-----|------|-----|------------------|-----|--|-----|------|-----|--|----|--|------|-------------------|-----|--------------------------|--|------|-------|--|-------|---|--|------|-----|------|-----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|------|------|-----|-----------------|--|------|-----|------|-----|--------------------|--|------|-----|------|-----|---------------------|--|------|-----|------|-----|----------------------|--|------|----|------|----|------------------------------------|--|------|-----|------|-----|---|----------|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|--|--|--|--|--|----------|--|--|------------------------------------|--|-------------------|--------|
| <div style="text-align: center;">  <p><b>FEE TRANSMITTAL FOR FY 2005</b></p> <p>Effective 10/01/2004. Patent fees are subject to annual revision.</p> <p>Applicant claims small entity status. See 37 CFR 1.27.</p> </div>  |                       | Application Number  | 10/649,667            |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
|   |                       | Filing Date   | August 28, 2003       |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
|   |                       | First Named Inventor  | Tatsuya ARAO et al.   |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
|   |                       | Examiner Name   | E. Wojciechowicz      |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
|   |                       | Group Art Unit  | 2815                  |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| TOTAL AMOUNT OF PAYMENT (\$)  |                       | 310.00  | Attorney Docket No.   | 0756-7188  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| METHOD OF PAYMENT   |                       | FEE CALCULATION (continued)   |                       |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 50-2280</p> <p>Deposit Account Name: Robinson Intellectual Property Law Office</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit overpayments</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  |                       | <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>1100</td><td>2503</td><td>550</td><td>Plant issue fee</td><td></td></tr> <tr><td>1462</td><td>400</td><td>1462</td><td>400</td><td>Petitions, Group I</td><td></td></tr> <tr><td>1463</td><td>200</td><td>1463</td><td>200</td><td>Petitions, Group II</td><td></td></tr> <tr><td>1464</td><td>130</td><td>1464</td><td>130</td><td>Petitions, Group III</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>\$180.00</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR § 1.29(b))</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) <u>Terminal Disclaimer</u></td><td>\$130.00</td></tr> <tr> <td colspan="2"></td> <td colspan="2">* Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) (\$)</td> <td>310.00</td> </tr> </tbody> </table> |                       | Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1051 | 130 | 2051               | 65 | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052       | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053 | 130 | 1053            | 130 | Non-English specification                  |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |              | 1805           | 1,840*   | 1805    | 1,840* | Requesting publication of SIR after Examiner action |   | 1251                      | 120 | 2251  | 60 | Extension for reply within first month |  | 1252 | 450 | 2252                  | 225                   | Extension for reply within second month |                       | 1253            | 1020     | 2253 | 510 | Extension for reply within third month |    | 1254                   | 1,590 | 2254 | 795 | Extension for reply within fourth month |     | 1255                              | 2,160 | 2255 | 1080 | Extension for reply within fifth month |     | 1401                                  | 500 | 2401 | 250 | Notice of Appeal |     | 1402   | 500 | 2402 | 250 | Filing a brief in support of an appeal |    | 1403   | 1000 | 2403              | 500 | Request for oral hearing |  | 1451 | 1,510 | 1451   | 1,510 | Petition to institute a public use proceeding |  | 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable |  | 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional |  | 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) |  | 1502 | 800 | 2502 | 400 | Design issue fee |  | 1503 | 1100 | 2503 | 550 | Plant issue fee |  | 1462 | 400 | 1462 | 400 | Petitions, Group I |  | 1463 | 200 | 1463 | 200 | Petitions, Group II |  | 1464 | 130 | 1464 | 130 | Petitions, Group III |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | \$180.00 | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.29(b)) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) <u>Terminal Disclaimer</u> |  |  |  |  | \$130.00 |  |  | * Reduced by Basic Filing Fee Paid |  | SUBTOTAL (3) (\$) | 310.00 |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1051  | 130                   | 2051  | 65                    | Surcharge - late filing fee or oath  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1052  | 50                    | 2052  | 25                    | Surcharge - late provisional filing fee or cover sheet                     |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1053  | 130                   | 1053  | 130                   | Non-English specification  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1812  | 2,520                 | 1812  | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1804  | 920*                  | 1804  | 920*                  | Requesting publication of SIR prior to Examiner action                     |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1805  | 1,840*                | 1805  | 1,840*                | Requesting publication of SIR after Examiner action                        |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1251  | 120                   | 2251  | 60                    | Extension for reply within first month                                     |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1252  | 450                   | 2252  | 225                   | Extension for reply within second month                                    |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1253  | 1020                  | 2253  | 510                   | Extension for reply within third month                                     |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1254  | 1,590                 | 2254  | 795                   | Extension for reply within fourth month                                    |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1255  | 2,160                 | 2255  | 1080                  | Extension for reply within fifth month                                     |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1401  | 500                   | 2401  | 250                   | Notice of Appeal   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1402  | 500                   | 2402  | 250                   | Filing a brief in support of an appeal                                     |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1403  | 1000                  | 2403  | 500                   | Request for oral hearing   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1451  | 1,510                 | 1451  | 1,510                 | Petition to institute a public use proceeding                              |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1452  | 500                   | 2452  | 250                   | Petition to revive - unavoidable   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1453  | 1,500                 | 2453  | 750                   | Petition to revive - unintentional   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1501  | 1,400                 | 2501  | 700                   | Utility issue fee (or reissue)   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1502  | 800                   | 2502  | 400                   | Design issue fee   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1503  | 1100                  | 2503  | 550                   | Plant issue fee  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1462  | 400                   | 1462  | 400                   | Petitions, Group I   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1463  | 200                   | 1463  | 200                   | Petitions, Group II  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1464  | 130                   | 1464  | 130                   | Petitions, Group III   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1807  | 50                    | 1807  | 50                    | Processing fee under 37 CR 1.17(q)   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1806  | 180                   | 1806  | 180                   | Submission of Information Disclosure Stmt                                  | \$180.00              |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 8021  | 40                    | 8021  | 40                    | Recording each patent assignment per property (times number of properties) |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1809  | 790                   | 2809  | 395                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1810  | 790                   | 2810  | 395                   | For each additional invention to be examined (37 CFR § 1.29(b))            |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1801  | 790                   | 2801  | 395                   | Request for Continued Examination (RCE)                                    |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1802  | 900                   | 1802  | 900                   | Request for expedited examination of a design application                  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| Other fee (specify) <u>Terminal Disclaimer</u>  |                       |   |                       |  | \$130.00              |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
|   |                       | * Reduced by Basic Filing Fee Paid  |                       | SUBTOTAL (3) (\$)  | 310.00                |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>300</td><td>2001</td><td>150</td><td>Utility filing fee</td><td></td></tr> <tr><td>1111</td><td>500</td><td>2111</td><td>250</td><td>Search fee</td><td></td></tr> <tr><td>1311</td><td>200</td><td>2311</td><td>100</td><td>Examination fee</td><td></td></tr> <tr><td colspan="6">Over 100 Sheets/250 for each additional 50</td></tr> <tr><td colspan="5">SUBTOTAL (1) (\$)</td><td></td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-20** =</td> <td>X</td> <td>\$50</td> <td>=</td> </tr> <tr> <td>Independent Claims -3** =</td> <td>X</td> <td>\$200</td> <td>=</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>=</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (2) (\$)</td><td></td></tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p> |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description       | Fee Paid              | 1001            | 300      | 2001 | 150 | Utility filing fee |    | 1111                                | 500 | 2111 | 250 | Search fee |    | 1311   | 200 | 2311 | 100 | Examination fee |     | Over 100 Sheets/250 for each additional 50 |  |      |       |      |       | SUBTOTAL (1) (\$)                                      |  |      |      |      |      | Total Claims   | Extra Claims | Fee from below | Fee Paid | -20** = | X      | \$50  | = | Independent Claims -3** = | X   | \$200 | =  | Multiple Dependent                     |  |      | =   | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code                   | Small Entity Fee (\$) | Fee Description | Fee Paid | 1202 | 50  | 2202                                   | 25 | Claims in excess of 20 |       | 1201 | 200 | 2201                                    | 100 | Independent claims in excess of 3 |       | 1203 | 360  | 2203                                   | 180 | Multiple dependent claim, if not paid |     | 1204 | 200 | 2204             | 100 | ** Reissue independent claims over original patent |     | 1205 | 50  | 2205                                   | 25 | ** Reissue claims in excess of 20 and over original patent |      | SUBTOTAL (2) (\$) |     |                          |  |      |       | <p style="text-align: center;">CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 23, 2006.</p> <p style="text-align: right;"><i>Adilum Stamps</i></p> |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1001  | 300                   | 2001  | 150                   | Utility filing fee   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1111  | 500                   | 2111  | 250                   | Search fee   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1311  | 200                   | 2311  | 100                   | Examination fee  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| Over 100 Sheets/250 for each additional 50  |                       |   |                       |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| SUBTOTAL (1) (\$)   |                       |   |                       |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| Total Claims  | Extra Claims          | Fee from below  | Fee Paid              |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| -20** =   | X                     | \$50  | =                     |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| Independent Claims -3** =   | X                     | \$200   | =                     |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| Multiple Dependent  |                       |   | =                     |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1202  | 50                    | 2202  | 25                    | Claims in excess of 20   |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1201  | 200                   | 2201  | 100                   | Independent claims in excess of 3  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1203  | 360                   | 2203  | 180                   | Multiple dependent claim, if not paid                                      |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1204  | 200                   | 2204  | 100                   | ** Reissue independent claims over original patent                         |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| 1205  | 50                    | 2205  | 25                    | ** Reissue claims in excess of 20 and over original patent                 |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| SUBTOTAL (2) (\$)   |                       |   |                       |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| SUBMITTED BY  |                       | Complete (if applicable)  |                       |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| Name (Print/Type)   | Eric J. Robinson      | Registration No.  | 38,285                |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
| Signature   |                       | Telephone   | (571) 434-6789        |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |
|   |                       | Date  | June 23, 2006         |  |                       |                       |                       |                 |          |      |     |                    |    |                                     |     |      |     |            |    |  |     |      |     |                 |     |  |  |      |       |      |       |  |  |      |      |      |      |  |              |                |          |         |        |   |   |                           |     |       |    |  |  |      |     |                       |                       |   |                       |                 |          |      |     |  |    |                        |       |      |     |   |     |                                   |       |      |      |  |     |                                       |     |      |     |                  |     |  |     |      |     |  |    |  |      |                   |     |                          |  |      |       |  |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |     |      |     |                    |  |      |     |      |     |                     |  |      |     |      |     |                      |  |      |    |      |    |                                    |  |      |     |      |     |   |          |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |  |          |  |  |                                    |  |                   |        |